

Book Reviews

Psychiatric illness in general practice. M. SHEPHERD, D.M., M.R.C.P., D.P.M., B. COOPER, M.D., D.P.M., A. C. BROWN, M.D., D.P.M., and G. KALTON, M.Sc. London. Oxford University Press. 1966. Pp. xvii + 220. Price 45s.

This is the result of a co-operative research by a team of three psychiatrists, a statistician and 83 general practitioners in London. The aims were (1) to obtain reliable information on the amount and nature of psychiatric morbidity encountered in the setting of general practice, (2) to study the factors by which the general practitioner is influenced in identifying and treating psychiatric illness.

The first aim is not a new one—many individuals have made the same study in the last 20 years, with most diverse results. The present study, however, has an authority—and perhaps finality—which comes from the combination of a skilled research team with a large number of observers selected as nearly randomly as possible. The figure of 140 per 1,000 persons at risk as the total prevalence rate for all types of psychiatric disorder for all practices is the first result. This figure is half that given by a working party of this College in 1957, but the members of that working party were especially interested in the subject.

For this reviewer one of the most interesting parts of this book is about the reasons why different practitioners give such widely different estimates on this subject. The ninefold difference between the highest and lowest reporting doctors in this group is shewn to be attributable partly to real differences in morbidity between practice-populations, but far more to differences between doctors—in particular, the weight that they variously give to psychogenic factors in apparently physical illnesses.

In general, the study confirms previous impressions: for instance, that psychiatric illness is commoner in women than men in this country; that neurosis is much commoner than psychosis; that the main burden of caring for minor and chronic psychiatric disorders is on the general practitioner; that these patients have a high demand for medical care compared to the rest; that there is a relation between psychiatric morbidity and higher than average physical morbidity; that less than ten per cent of psychiatric cases seen by general practitioners are referred to psychiatrists. Indeed none of the findings in the survey are startlingly new.

On the general practitioner's function as doctor for this type of patient and as a participant in the research project the authors are more complimentary than critical. But

‘Our findings show that the treatment of minor disorders in general practice is often haphazard and inadequate. This state of affairs seemed in many cases to be as unsatisfactory to the doctors as to the patients . . . Many, while regard-

ing the treatment of neurotic disorders as part of their work, felt themselves inadequately trained and equipped to deal properly with these conditions, and experienced more difficulty and embarrassment in handling neurotic illness than any other type of disorder . . .'

'Administrative and medical logic alike suggest that the cardinal requirement for improvement of the mental health services in this country is not a large expansion and proliferation of psychiatric agencies, but rather a strengthening of the family doctor in his therapeutic role.'

There are two barriers to this development, however, one in organization, one in attitude. 'If the family doctor is to function as a key-member of a medical team in a community, he will have additional requirements, of which a reduced patient-load and better access to ancillary services are probably the most important.' The second barrier is less tangible and involves a change in role, attitude and image for the general practitioner himself—away from the active, decisive, authoritative figure of tradition.

No discussion of this subject can be complete without at least a brief reference to the teaching function of the physician . . . Most practitioners still make little attempt to correct their patients' faulty perceptions in respect of health problems . . . such a neglect of the doctor's teaching function, of the all-important need to communicate effectively with patients, has inevitably a deleterious effect on the doctor-patient relationship and ultimately on public perceptions of the medical profession . . . The practice of medicine, as Ellis has said, can move only in one of two directions—it must become more psychological or it will become a technology.

Psychiatrists never doubt the value of the generalist's role in a health service. This study strongly confirms it.

The book is an important one. It is very well written, well produced, not too long and has a bibliography of great interest.

Doctors and the state: The British medical profession and government action in public health, 1870-1912. JEANNE L. BRAND. Baltimore. The John Hopkins Press. London. Oxford University Press. 1965. Pp. xiii + 307. Price 64s.

The National Health Insurance Act of 1911 was one of the greatest turning points in the medical care of the people of this country. The events which immediately preceded its introduction have been told often enough, but no really satisfactory attempt has been made to draw together all the strands which made a State which prided itself on its freedom of thought and action accept so revolutionary an idea. This book fills a gap in the medical literature of the period. Written by an American with a wide knowledge of the habits and customs of the people of these isles, it is remarkably free of bias. The N.H.I. Act did not come out of the blue, and although Lloyd George rushed it through parliament it was received by a nation already prepared, and was a culmination of events. *Laissez faire*—the philosophy of live and let live had for a long time been discarded as an impossible doctrine in a modern state. Laymen and doctors alike had become used to government interference in many matters. Medical care for the working man was inefficient and sometimes